

REQUIRED FOR ALL PARTICIPANTS



LIABILITY RELEASE/EMERGENCY CONTACT/PERMISSION AUTHORIZATION

Group/organization name: _____

Permission for Use of Likeness

The Hamilton County Parks and Recreation Department may create a public relations program featuring volunteers. In agreeing to volunteer to work/participate in the Hamilton County Parks and Recreation Department Volunteer Program, I am granting permission for the use of my likeness, voice and works in television, radio, films, newspapers, magazines and other media for the purpose of advertising or communicating the purpose and activity and appealing for support of such activity.

Liability Release

In consideration of the permission and the privilege granted by me by Hamilton County Parks and Recreation Department to utilize Department facilities and services and all related events and recreational activities including, by the way illustration and not by way of limitation, classes, special events, nature programs, swimming, diving, and organized sports, I, undersigned, for myself, my heirs, assigns, control, of and from all other persons within my custody and control, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE DEPARTMENT AND ANY OTHER GOVERNMENTAL AGENCY OF HAMILTON COUNTY, INDIANA, ITS AGENTS, OFFICERS, AND EMPLOYEES from any and all liability to the undersigned, my heirs, assigns, control, of all claims, demands, actions, causes of action, damages, lessees, liabilities, costs, expenses, and compensation on account of death or injury to my personal property and any all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my use of Department facilities or participation in any Department activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above referenced activities and do agree to do so at my own risk. With respect to my children and other persons over whom I have care or custody, I certify and warrant that to the best of my knowledge such children are in good physical condition and able to participate in the above referenced activities.

I agree to treat volunteers and Park staff in a respectful manner, and avoid intentionally interfering with other fright stations' operations. I understand that failure to honor this code of conduct will result in immediate dismissal from the event.

I HAVE CAREFULLY READ THE FOLLOWING FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENT THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

The Waiver/ Release from the liability shall be constructed as a contract between the undersigned and the Hamilton County Parks and Recreation Department and the terms of this Waiver/ Release from Liability includes the permission granted to utilize Department facilities and participate in Programs and that this Waiver/ Release from Liability is intended to be as broad as permitted by laws in the state of Indiana.

Participant's name (printed) _____ Signature _____ Date _____

Email address _____ Phone _____

Parent/Guardian name (printed) _____ Parent/Guardian Signature _____ Date _____

Emergency Contact:

Name _____ Evening Telephone Number _____ Mobile Number _____

Permission Authorization (This Section for Participants Under 18 Only)

_____ (participant) has permission to participate in **Haunted Trails at Cool Creek Park** on Tues, October 28, Weds, October 29, and Thurs, October 30, 2014 from 5:00 p.m. – 11:00 p.m.

Parent/Guardian (printed) _____ Signature _____

Street Address _____ City _____ State _____ Zip Code _____